

*Chrysomelidae*

[illegible]

# TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket  
Number:

71445-  
3

Submission Type: Utility Patent  
Filing

## Dental Unit Water System Treatment

First Named Inventor: Edgar L. Garrison

### SUBMITTED BY

Name:	Joel E. Bair
Registration Number:	33,356
Electronic Signature Mark: /s/ Joel E. Bair	Date Signed: 20020927

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

declaration	Decl_1.tif
declaration	Decl_2.tif
declaration	Decl_3.tif
bibd-transmittal	71445-3apds.xml
patent-assignments	71445-3asgn.xml

fee-transmittal  
specification

71445-3fee.xml  
Spec.xml

Attached Image File(s):

Decl\_1.tif

Decl\_2.tif

Decl\_3.tif



Please type a plus sign in this box:



PTO/SB/1

Approved for use through 6/30/98. OMB 01

Patent and Trademark Office, US DEPARTMENT OF COM

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OM

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	71445-3
		First Named Inventor	Edgar L. Garrison
COMPLETE IF KNOWN			
		Application No.	
		Filing Date	
		Group Art Unit	
		Examiner Name	

☒ Declaration submitted with or initial filing      ☐ Declaration submitted after initial filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is so on the invention entitled:

DENTAL UNIT WATER SYSTEM TREATMENT  
(Title of the Invention)

the specification of which  
☒ is attached hereto  
or  
☐ was filed on \_\_\_\_\_, as United States Application Number or PCT International Application Number: \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) of any foreign application for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box next to any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/326,325	10/01/01	

Please type a plus sign in this box:



PTO/SB

Approved for use through 6/30/98. OMB  
Patent and Trademark Office; US DEPARTMENT OF CO

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OM

DECLARATION - Utility Or Design Patent Application							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37. Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 20915							
Or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
<div style="border: 1px solid black; padding: 2px; text-align: center;">Place Customer Number Bar Code Label Here</div>							
Name		Registration No.		Name		Registration No.	
John E. McGarry		22,360		Mark A. Davis		37,118	
H. Lawrence Smith		24,900		G. Thomas Williams		42,228	
Joel E. Bair		33,356		Michael F. Kelly		50,859	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number or Bar Code Label				20915		or <input type="checkbox"/> Correspondence Address below	
Name		Joel E. Bair, Reg. No. 33,356 McGarry Bair LLP					
Address		171 Monroe Avenue, NW, Suite 600					
City, State, Zip		Grand Rapids, Michigan 49503					
Country		US		Telephone		616-742-3500	
				Fax		616-742-1010	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further, statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18, United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor				<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])				Family Name or Surname			
Edgar L.				Garrison			
Inventor's Signature						Dated 9/17/02	
Residence: City		Spring Lake		State		MI	
				Country		USA	
Post Office Address		17865 Oakwood Dr.					
City		Spring Lake		State		MI	
				Zip		49546	
				Country		USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the one supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.							



# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 410**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number:

50-2003



Deposit Account Name:

McGarry Bair LLP

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

## SUBMITTED BY

Authorized Name:

Joel E. Bair

Electronic Signature Mark:

/s/ Joel E. Bair

Date Signed:

20020927

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 11	203	\$ 9	0	\$ 0
Independent Claims: 2	202	\$ 42	0	\$ 0



Subtotal For Extra Claims Fees: \$ 0

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40